



MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

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2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

Name	Office:		
GEORGE HOGAN	⊠ House ☐ Senat		
George Hogan Mailing address	District		
17 Seacliff Ave. City, zip code	137		
City, zip code	Phone		
Old Oschard Bich. 14064	207-934-0492		

PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer. Principal Type of Economic Name of Employer Address Activity of Employer

PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)

A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.

Name a	nd Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:	Ó	0	0
Name: Address:		0	0

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)					
B. List each source of income derived from self-employment that represents more than 10% of your greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the prentity or person from whom the income was derived.	derived such income. If this form of				
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income				
Name:	· · · · · · · · · · · · · · · · · · ·				
Address:					
Name:	rate and the first of the first				
Address:					
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)					
List your major areas of practice. If associated with a law firm, list the major areas of practice of your	elinkiyi yangi interipeti pelakun 2000 manga dari mendapeta-ada teneta mentata estita manga dari mendata teneta				
Name and Address of Firm Major Areas of Pi (self)	ractice Major Areas of Practice (firm)				
Name:	V ARRAGEMENT .				
Address:					
Name:					
Address:	and the second s				
PART 4. OTHER SOURCES OF INCOME					
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	gifts. If none, check the box.				
None	# THE PROPERTY OF THE PROPERT				
Name and Address of Source	Kind of Income (investments, leases, etc.)				
Name:	reference variables on a				
Address:					
Name:	THE STATE OF THE PROTECTION OF THE PARTY OF				
Address:					
DARTE REDOCTADI E LIADII ITIES					
PART 5. REPORTABLE LIABILITIES List the names of creditors for any unsecured loans of \$3,000 or more that you received during the reporting period, and list the major					
areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If none, check the box.					
☐ None	Principal Type of Economic				
Name and Address of Creditor	Activity of Creditor				
Name:					
Address:	femonatural visit (i.i.)				
Name:	renny ar engres and 400 (All and All a				
Address:	· Az dimension				

List the specific source of each gift of more than \$300. Inc	i. REPORTABLE GIFTS dude gifts with an aggregate v	value of more	than \$300 from a single source. If	
none, check the box.	теритерительный информации и принципальный пр	المعارية والإراسان والمساورة والمساو	gargadusenhagagan hangagan hangagan hangagan kangada kangada hangada kangada kangada kangada kangada kangada k Sangada kangada hangada hangagan hangagan kangada kangada kangada kangada kangada kangada kangada kangada kang	
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2.	4.	0		
PART 7. R	EPORTABLE HONORARI	A		
List the source of any honoraria accepted for appearances o	r speeches related to your leg	islative respor	nsibilities. If none, check the box.	
None		majaran jaran na kahiji kalifahiji kalifahiji kalifahiji masa kahila majahiji kalifahi		
Name of Source of Honoraria		Name of Sou	rce of Honoraria biological description of the control of the con	
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2.	4.	6		
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES		
List each executive branch agency before which you repres	ented or assisted others for o	compensation	of any amount. If none, check the	
None	remejaranti juurijanuramenjuajanjanjujujujajanjajajanjajaja valimuveramishaajaajaajahjanishujunijanjara	THE POLICE CONTRACTOR STATES AND THE PROPERTY OF A PROPERT	ain 6.PM a 6.PM a 6.PM a 6.PM a 6.PM a 7.PM a 7.PM a 7.PM a 6.PM a 6.PM a 6.PM a 7.PM	
Name of Agency		Name (of Agency	
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PART 9. BUSIN	NESS WITH STATE AGEN	IGIES		
List each executive branch agency to which you or a memb			services with a value in excess of	
\$1,000 during the reporting period. If none, check the box.	eskundikkkest erholis Nedini erkiit suutstanen kuun enet ennen kultuurin enet en	ama padaman kacaman kanada mamanan maman d		
None Name of Agency	ilgillay kyris (h. Lindia Model ninta) janari medari pundi min hormali nenahru mehamid hili jimbi intalijimi hormali ho	Name	of Agency	
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2.	4.			
PART 10. INCOME RECEIV	ED BY MEMBERS OF IMI	MEDIATE FA	AMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kin or more of income, their name and job title are listed. Do not	d of income represented. If y	received by y our spouse o	your spouse or domestic partner or r domestic partner received \$1,000	
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income	
Name:	1.	Spouse or	1.	
Job Title:	2. 3.	Domestic Partner	2. 3. ()	
		Dependent	O	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Child Dependent Child	<i>'O</i>	
activity and the kind of income.	Эбликов меня по на при	Dependent Child		

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any office, trus	steeship, directorship	oration, firm, association, or position of any nather listed, indicate yo	ture. Indicate wi	hether you or a	family held the p	osition and wheth	ediate family held er the position
☐ None			· · · · · · · · · · · · · · · · · · ·	- COMMONSTANCE - March - Common - Commo		та при	MESTAMASSACIA (Vibrios) and and a distribution of the second and a second a second and a second and a second and a second and a second
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	Signa	ture			D	ate	
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PART 11. OFFICER OR DIRECTOR POSITIONS